DOCUMENT RESUME

ED 152 024 EC 104 078

AUTHOR Krueger, Ruth
TITLE Preparing Children for Stressful Experiences.
PUB DATE Nov 77
NOTE 27p.; Slide presentation at the National Association for the Education of Young Children National Conference (Chicago, Illinois, November 10-13, 1977) and Council for Exceptional Children State Convention (25th, Toledo, Ohio, November 17-19, 1977)

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS Affective Behavior; Conceptual Schemes; *Early Childhood Education; *Emotionally Disturbed; *Intervention; Models; Preschool Education; *Stress Variables

ABSTRACT

Based on the author's experiences with severely disturbed preschool children, the paper focuses on the importance of classroom preparation in helping children cope with both routine and unusual stressful experiences. Briefly described is the Child Study Center program for severely disturbed children designed to develop a corrective relationship with others and help the children get in tune with and make sense of their environment and feel that they have some control over it, while at the same time helping them to identify and express the inside feelings that are aroused. The model for dealing with stressful situations is explained to involve providing opportunities to manipulate materials, dramatize, and verbalize feelings and anxieties and to deal in a cognitive way through anticipation and organization. (SBH)

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Preparing Children for Stressful Experiences

A slide presentation discussing the importance of classroom preparation in helping children cope with both routine and unusual stressful experiences, by providing opportunities to manipulate materials, dramatize, and verbalize feelings and anxieties and to deal in a cognitive way through anticipation and organization.

Ruth Krueger
23840 Lucile Dr.
North Olmsted, Ohio 44070

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Presented at:

National Association for the Education of Young Children National Conference, Chicago, Illinois
November 10-13, 1977

Council for Exceptional Children 25th Annual State Convention, Toledo, Ohio
November 17-19, 1977

EC 104078

Preparing Children for Stressful Experiences

Introduction

The material presented herein is the result of my three years of work at the Child Study Center in Cleveland, Ohio. The Child Study Center is a multi-disciplinary diagnostic and treatment center for preschool children with severe emotional disturbances.

The staff consists of Educational Director, Teachers, Social Worker, twice weekly psychiatric consultation, as well as supportive services of Speech Therapist and Psychologist, when indicated. The director is a pediatrician.

Parents meet weekly with Social Worker and Teacher and participate with classroom duties.

This paper was written in an effort to share with all teachers of young children what I have learned from working with the severely disturbed child who is almost always under stress.

Although I am presently working with children with severe emotional disabilities, the major portion of my teaching background has been with normal children-- in a suburban parent cooperative preschool.

During this period, I felt increasingly competent as time went on to deal with the day to day business of "creating a rich environment for young children in which to explore and learn and grow." I felt quite experienced in planning activities, teaching new skills, handling transitions, relating to children and facilitating their interaction with each other. I felt that I understood young children well, knew how they felt about school and could help them.

Gradually as I became more at ease with these parts of the program and as less of my time and energy was devoted to the nitty gritty business of running a school, I began to focus more intensely on the emotional aspects of child development. As I saw more and more children, observed their response to the school setting, noticed how they related to others, I learned to sometimes anticipate and usually identify some behaviors which became clear indicators of a particular kind of stress the child was experiencing. For example, one could readily understand that the child who, during the first few days of school, raced frantically from one thing to another, who couldn't ever settle down, became excited by other children, was feeling confused, unprotected and quite worried. Talking to him about his worries, assuring him he would be kept safe and then reinforcing this concept by providing physical protection as well as limits usually paid off. Anticipating with him each step of the way what he might expect helped him to feel more in control of things. Gradually, he would be able to shift some of the energy expended in constant monitoring

and high paced activity to an investment in play and investigation of materials.

There were other behaviors that continued to baffle me, however. For example, it was disappointing and hard to understand why a child, after a few months at school would suddenly refuse to come and would make a terrible scene each day when his mother brought him to school. I was able to label this phenomenon what teachers usually describe as "delayed separation", but that didn't help much. While it was often easy to link up the behavior to separation anxiety, it was hard to go back to the beginning and try to think about what had gone wrong, what had been left out and how to proceed now. Changes in behavior at home were not always recognized as being connected to the child's "new" difficulty with being left at school.

As I became more aware of these and other problems, I became involved in a program in which I consulted regularly with a child analyst about developmental problems. I struggled to learn to understand them and had weekly opportunities to discuss and develop ways of dealing with them. This training was invaluable in not only providing theoretical background but experience in day to day practical application as well.

By the time I shifted to work with disturbed children, I felt that I had a pretty good handle on how to help children with problems.

What I have learned in the meantime has been illuminating in terms of learning how to apply even more specific theoretical principles in a concrete and simple way. I often find myself thinking back to the days when I taught normal children and wish that some of the techniques I have learned to use with severely disabled children were available to me then. While the children I work with now have severe developmental arrests, they go through the same

developmental processes as all children and therefore the methods used to help them can be adapted to any child. In most cases, those areas which create stress for most children present acute stress to disturbed children and interfere even more seriously with their growth and development. While the symptoms are extreme and their reactions exaggerated, the underlying feelings are often the same.

I would like to tell you a little bit about the children in the program. They all have severe emotional and developmental disturbances. Most have communication disorders. They either do not or cannot speak. If they speak at all, it is often unintelligible, echolalic (repeat what they hear), or is limited to repetition of TV jingles or advertising slogans. Often they talk to themselves. There are often problems with receptive language. Often it is the child's lack of language which motivates parents to seek help.

They are usually very withdrawn and autistic-like. They actively avoid contact with others, will not look at you. They have developed ways of screening out stimuli--are what we call tuned out. They have very little ego development or sense of self. They often act as if their own bodies do not belong to them, do not respond to pain or discomfort.

Contact with others is often restricted to satisfying their own needs. This is communicated by taking an adult hand to manipulate what they want.

Motorically they are often either limp and passive or extremely hyperactive and distractible.

The reasons for their difficulties are varied and often a combination of factors. While symptomatology and causes may differ, all children function at a retarded level, often with extreme uneven development. For example,

some children learn to read before speaking and show unusual interest in highly organized materials like numbers, letters, shapes, etc.

Social development is seriously delayed. They do not play like most children, rather, they deal with their environment in limited, selected ways, lining up objects, tapping things or have bizarre self-stimulatory mannerisms, like flapping hands or staring at lights.

When stressed, the tuned out child will become completely overwhelmed and lose control. His defenses have broken down, leaving him with no effective means of responding. The slightest alteration in routine or change in environment creates stress. He tries to protect himself by defending against the change and tries to maintain a ritualistic sameness in his life. Daily routines must always be done in the exactly the same way. He cannot tolerate the slightest deviation like changing the route from one familiar place to another. Parents either put off or avoid altogether more stressful procedures like doctor or dental visits, haircuts, etc. because of the tremendous management difficulties involved.

Because these children have severe difficulties with relationships, they are unable to use relationships in the way that most children would to help them through the anxiety provoking event.

Two important aspects of the intervention and treatment at the Child Study Center therefore focus on 1.) developing a corrective relationship with others, and 2.) helping the children to get in tune with and make sense of their environment and feel that they have some control over it, while at the same time helping them to identify and express the inside feelings that are aroused.

It is the latter area-- in which the technique of preparation using coming events in the child's life to help him learn to anticipate ahead of time what

will happen and to remember it afterwards-- which will be discussed. While disturbed children have extreme reactions to stress, how they feel about it is not so different from any other child in a similar situation.

It is important for all children to learn to mobilize themselves cognitively - get their minds working- in order to deal with the stressful situation, rather th to become immobilized from anxiety and then shut out or become overwhelmed.

It is also important that parents and teachers be involved in helping their children learn through anticipation, to manage stress, rather than to avoid talking about the upsetting situation for fear of distressing the child. Dealing with the child's anxiety ahead of time is exactly the point. Helping him to know ahead of time what will happen to him on the outside will put him in touch with how he feels about it on the inside. "Don't like it--doctors are scary-- wish it could be my birthday". Going over in his mind ahead of time what will happen, h will he feel, what he can do about it will help him to feel that he has some control. He will learn better ways of coping and will begin to master what once were overwhelming situation.

The methods used have been simplified and tailored to fit each individual child's level of understanding. Since behavior is so extreme, the preparation is broken down into smaller pieces. It is presented in a concrete way over a long period of time to enable the child to have a grasp on the presenting situation. The basic concepts involved can, I feel, be applied to all children.
The model is as follows:

First, using whatever means will help make the concept most understandable h im, let the child know in advance exactly what will happen. This will enable hi

to get a cognitive handle on those events which will arouse in him strong negative feelings. Often these feelings are ignored by adults and only the positive feelings are talked about.

Once aroused, negative feelings will often be expressed in behavior. These feelings can be identified for him and linked to his behavior. "When you throw things you are showing me that you don't like it." Help him to express these feelings verbally. "I don't like it." "That makes me mad." "I'm scared," etc.

The preparation involves education, (anticipation), rehearsal, identification and verbalizing of feelings. The goal is mastery for the child. " I think in my head what will happen and how I feel about it and what I can do will help." Here is a quick example of how to apply the principles involved to a very simple but often repeated situation.

It is time to clean up toys and get ready to go home. The child has been told well in advance so that he can take some responsibility on his own-- be in control. He really does not want to clean up, but complies by throwing toys onto the shelf. The teacher notices his angry behavior and says so. "You are showing me that you don't like to stop playing." " You can say so," "I don't want to stop," "I want to play some more." She is supportive, helps the child to identify his angry feelings and gives him appropriate ways to express them. What is more important than the fact that he eventually does something he doesn't like is that he acknowledges how he feels about it and is able to deal with it effectively.

The first important area of stress in the initial work at the Child Study

Center involves preparation for separation. This may seem like an unusual place in which to begin since separation is so complex, however, we see the physical separation from the mother as an important step in the separation-individuation process - in which the child begins to realize that he is a person separate from his mother. What this involves is being able to make the step from a dependent being to an individual with a separate identity who is able to give up the safety of his mother's presence in favor of grown up activities and a different kind of relationship with a teacher. While it is true that most preschool children are ready to be helped to make this step, it is a process which does not necessarily develop simultaneously with a child's entry into school. Nor is the separation abruptly and quickly accomplished by leaving the child to do it alone. The child's behavior is a clue to the teacher as to where the child is in his development. Often children will manage but at a great expense to other life experiences in which other separations from important persons occur. How well the child is helped to work through and master the often painful process of separation from his mother will have a direct effect not only on how he is able to handle future separations and losses caused by illness, vacations, leaving home, death, etc., but how he feels about himself as a separate person.

In the past, I felt that I had always paid what I considered to be proper attention to the matter of separation at the beginning of the school year, insisting that each mother stay with her child in the classroom until he was able to separate easily from her. For most this amounted to only the first day and then the child was able to say, "Go home," "I don't need you at school," or didn't pay much attention to her departure and busied himself

with activities. Sometimes the separation took a little longer, but in these cases, mothers were able to phase themselves quickly out into the hallway until the child felt comfortable enough to say goodbye.

In only a few cases where the child clearly indicated anxiety over separation by crying and clinging to his mother or was so withdrawn he couldn't function, or was extremely passive about her leaving, was the mother encouraged to stay for a long enough period of time to effectively help her child work through the separation and master the stress connected with it.

At the Center where most children have particular difficulties in all areas of development, including readiness for separation, we can afford to deal with it much more thoroughly and over a longer period of time.

The groundwork for the separation process begins to take place while the child is learning to develop a relationship with a special teacher around the use of materials, with his mother present. The child is helped to find pleasure in using the materials and to use his teacher to help him learn how. Success and effort are praised. He learns that he has some control over what he does but also that there are limits. His anger or disappointment over going home, putting away materials are used by the teacher to help put him in touch with his feelings. Expression of feeling is encouraged physically by stamping or pounding, and in words. The teacher gives permission for strong feeling by modeling for him and expressing her own feelings appropriately.

With the support of the mother's presence, the child is helped to relate alternately to his teacher and his mother. In order to help him establish the concept of who he is as separate from others, we identify each person through the use of pictures. We play object constancy games like peek-a-boo,

with the child in control of making things go away and come back. Here Erik uses his favorite toy to practice separation and return. A relevant vocabulary is established. "Where is," "Come back," "missing," "visit," etc. We watch the child's signals of readiness to determine how to proceed. Timing is important. Separating him from his mother too soon will result in hi being too anxious to tolerate the stress involved, too late can result in the child's becoming so comfortable in his new setting that he does not have to make a real choice between his mother and his teacher. While this eliminates problems as far as physical separation is concerned, the child does not himself struggle over the decision to make a meaningful decision.

Finally the mother begins to leave the classroom for short periods to go to a nearby office. The visits are kept short and the child's reaction to her absence is noted. The idea is to help him know that he can tolerate small bits of separation from her, to know where she is and that he can visit her. When he visits her it is left up to him to decide when and if to return to the classroom. If after a reasonable time he does not visit her, one can remin him where his mother is and then express surprise that he does not ask to vis her and then encourage him to do so.

When the child visits he mother, she is helped to be welcoming but neutral. What is important is that the child learn to tolerate and overcome a manageable degree of anxiety in order to permit himself to engage in new and different activities and relationships. The goal is not physical separation at school without a fuss, but is mastery, where the self is in control.

How one thinks he might feel about it can be identified and he can be helped to verbalize about it. " I don't like it when mommy leaves me" --

"that makes me mad." Often children find the separation too painful to deal with and tune out altogether. Then it is time to back track and realize that the child's signals were misread.

Here Erik is torn between staying with his mother or going back to the classroom to join his teacher and his favorite toys. The choice is clearly painful to him, but he is not yet ready to choose the latter, cannot re-enter the classroom without his mother.

How well the mastery has been integrated can be measured by observing how the child functions at school and asking parents to report any changes in the child's behavior at home. The child who plays stalling games when his mother comes to get him for instance, is often reacting to his anger over being left at school. At home a child's difficulty with separations involving bedtime can be examined in relation to his feelings of separation both at home and at school. If the child is able to generalize his mastery of separation to other situations where his mother leaves, i.e. with babysitters, if he is able to let himself notice when she leaves, to feel sad, to say he doesn't like it, but is able to manage, then he has made an important developmental step.

We see the preparation for and working through of the separation process as fundamental to the child's ability to function autonomously and to be able to manage a school group.

The steps I have described may not be either practical or possible for other teachers to apply in exactly the same way -- nor would it be necessary in all cases. The principles involved -- preparation, rehearsal, anticipation,

identification, and verbalization of feelings leading toward mastery can be.

Because of the degree of disturbance the process is broken down into many separate pieces -- it is up to each teacher to decide what can be learned from each.

Often there are special problems to work on that are linked to separation. Sometimes a child brings a behavior that is especially upsetting.

Allen, who would hurt himself when disappointed or angry, always had a hard time leaving the playground to go home from school. He would become enraged, throw himself down and try to hurt himself. Here the teacher is helping to anticipate that it will soon be time to leave. She recognizes that he is upset, that he doesn't like it, but assures him that she and his mother will not let him hurt himself, that they will keep him safe. The teacher helps the mother be active in protecting him, being firm, but also being responsive to his feelings, and comforting. Here she helps the mother stop and help him calm down before he leaves. Gradually as he feels safer and more protected, he is able to develop some self-control and protect himself. When this happens he is given more responsibility for coming indoors by himself. The message is, "We're here to help, we know it's hard, but we still expect you to manage." Our goal is to help the child to be able to eventually think ahead of time by himself when a known difficult situation is about to arise and to think what he can do about it.

Here a child who used to tune out or try to avoid difficult situations is being helped to move in that direction. The teacher helps him to anticipate

that something hard is about to happen. She reminds him that such situations have been difficult in the past, and helps him to think through what he can do. "Usually you don't like this, you can say so." "What would help? If you are worried, what can you do? Maybe you'd like to sit next to me, etc." "We know it's hard, we expect you to manage, we will help you."

A very good example of this occurred when the children were being shown Halloween masks, knowing that they would be exposed to other children in the neighborhood and on TV. Initially, pictures had been used. Then, as the teacher demonstrated dressing up in costumes, changing her appearance little by little, Erik panicked when he saw the mask and wanted her to put it away. He did not want to look at it and was in a great deal of stress, actually trembling. The next day he was helped to remember what had happened and was prepared that the teacher would again show the masks at circle time. Again he panicked and protested. The teacher talked to him about how the teachers could help him, and suggested what he might do. Since this was a child who resisted physical comfort most of the time when upset, he had little at his disposal to help himself. The teacher suggested that if he felt scared, he could say so and maybe he could go and be near a teacher who would help him. Later as the masks were being used, he showed upset again, but left his chair to sit in a teacher's lap and was able to tolerate the demonstration somewhat.

By the third day he was able to anticipate that the masks would be used, and though worried was ready when the teacher brought them out, even allowed himself to touch one. His special teacher continued to work with him, giving him little tiny masks to try on the dolls. As time went on, he became brave enough to handle the masks and look at himself in the mirror.

Only as he was helped and given support by his teacher to tolerate the anxiety, his scared feelings identified and verbalized, as he was helped to anticipate what he could do, could he then begin, a little, to have some mastery over the anxiety.

In every classroom, situations exist which present stress to certain children in similar areas. A child who finds ways to make his mother wait when time to go home, or one who daily has difficulty with waiting his turn, sharing a particular toy, etc., can be helped by applying the same model. He can be helped to anticipate ahead of time what will happen, to get him in touch with how he feels, to verbalize.

These are examples of how a teacher can help with situations that she anticipates will be hard. Because she, too, has a plan and can think ahead what to do, she is able to help the children. But what about those unanticipate events over which she has no control. no warning, which come up unexpectedly and are upsetting to everyone? A good teacher has learned to maintain her cool and be able to pull herself together in order to be able to do whatever is immediately necessary. Her sureness and control have a calming effect on the group and prevent further disaster. Often, though, how the children feel about what has happened is overlooked. A teacher who learns to deal effectively with a child having a tantrum often overlooks how frightening this is to the other children. Talking about "how Johnny got upset," "had a hard time," "everyone must wonder about it," "some children look pretty worried," "it was sure scary" can help put children in touch with how they feel and they can talk about it. It can help Johnny as well. When something frightening happens like a window breaking, it is not enough to pick up the broken glass and to protect the

children physically. To ignore their scared feelings about it both at the time and later when the danger is somewhat more remote, is to teach them to be out of touch with, or disassociated from their feelings.

Often a group will show excited behavior and the cause is not immediately apparent. Thinking back and reflecting on what has gone on recently, observing behavior, talking about how "everyone seems to be worried about something," will often provide some clues to the source of the stress. For example, a teacher once reported such behavior soon after a father of one of the children visited the class to share with them a particular hobby which the teacher thought the children would be interested in. He was a musician and the children were delighted with his instrumental renditions of their favorite songs. He also had a long beard and it was very close to Christmas. Only after the teacher identified the group behavior as linked to a worry, was one child able to verbalize his fear that maybe Jeff's daddy could really be Santa Claus in disguise. Children react to events outside the school as well, such as tragedies in the neighborhood, or larger community. Again, not to talk with them about what has happened, how scared and worried everyone is, to fail to give them ways to express their worries leaves them with no good way to cope.

At the Center as the child becomes ready to enter a group, he is helped to anticipate what this will mean. He is prepared generally by playing outdoors with the other children first, so that he has a chance to look at them from a safe distance in a non-threatening setting. He is introduced to school activities gradually and is helped to play give and take games with a teacher and learn to take others into account. He learns

to follow simple directions and is expected to take some responsibility for organizing materials and putting them away. Self-help skills are worked on. Usually he plays with one other child in a mildly structured setting before more children are added.

Specific preparation includes use of pictures of the other children in the school and pictures of school activities. The sequence of school events, first hanging up coats, next clean up, next music and so on is explained through the use of a series of pictures or sometimes by manipulating dolls. Often a special book is made.

Here Allen is helped to anticipate his re-entry into the group after a long absence by looking at a series of pictures of group activities. He was able to take them home to look at as well. Simultaneously, his return was discussed with the other children. They were prepared for his return by looking at the calendar, looking at Allen's picture, were shown where he would sit at snack, and so on.

Changes in the school routine are handled in the same way. Each child is prepared both individually and in the group. When visitors come or fathers visit, this is always discussed with the children ahead of time.

When a new child is introduced to the class, children have feelings of jealousy not unlike those that accompany the arrival of a new sibling. This is true of any school setting. Often the behavior directed at the new child is not unlike that shown to the new baby and his mother. Usually children do not like it when someone new comes to their school, plays with their toys and their teachers. Even children in a different group who notice new

names suddenly appear on the cubbies feel threatened by the new child's presence. We found this out the hard way when our about to graduate older children, struggling with feelings of separation from school, began to feel that they were being replaced.

In this classroom scene, children are being told that a new child will be coming to their school. They are shown her picture, her name, her placemat and cubby symbol. They share in helping to get her cubby ready.

They are helped to anticipate how they might feel about her coming to school. "Don't like it, makes me mad, etc." The preparation does not insure that everything will go smoothly and the feelings will go away, but rather that the children will be able to anticipate ahead of time what their feelings will be.

Sometimes we have used paper doll replicas of the children on the flannel board to help children understand about children coming or leaving school. In this way the children can count, visually experience taking away or adding to. Here the paper dolls were used to help children deal with differences, in this case a child with multiple physical handicaps, who wore glasses and used a walker. The children were encouraged to notice that he looked different, and to ask questions. The various orthopedic appliances were given names. They were assured that the physical problems belonged to Michael and would not happen to them.

Preparation for events such as haircuts, vacations, new babies, new houses, doctor visits, etc. are all handled in individual sessions which the child has regularly with a special teacher. Parents, of course are involved in this process, often they need support in order to help their children deal

with situations which have in the past been hard.

As the child and parent "tell" the teacher on arrival about a change or an impending event in the child's life, "Granny is going to Baltimore," "Cheryl has to have an operation," "I have a loose tooth," the subject is opened as an area of discussion. The child finds out that people find out from each other by talking about things, the mother and teacher don't magically know everything. If the child avoids dealing with it, changes the subject, is distractible, one can point that out. "It looks like this is something hard to think about."

If possible, the teacher finds out from the mother as much as she can ahead of time so that she can be prepared to help the child. The essential details are related in the child's presence. The information should not be new to him, his mother will have discussed it with him in advance and will tell the child that she will help him tell his teacher about it. It is important not to overwhelm the child with every detail -- these can be supplemented later, a piece at a time.

When possible, the mother is helped to plan events like doctor visits enough in advance so that the child has a chance to work on the preparation over a period of days. She is encouraged to find out from her pediatrician ahead of time exactly what will be done. Often parents are intimidated by doctors and are reluctant to ask questions or make suggestions. Teachers nee to support parents who have every right to inquire about procedures that affec their children.

Most children do not like check ups even when the doctor is familiar to them. To most, the doctor is a hurting person who pokes at your body with strange implements and intrudes into your ears and mouth, gives shots and does all kinds of unpleasant things. Usually the child is

put into a helpless position.

One of our children was absolutely terrified to go to the doctor for even a check up. Her resistance was extreme. This presented a problem and the doctor learned to deal with her as quickly as possible by literally forcing his examination on her while her mother held her helpless. It is not hard to imagine how this must feel to a child who is in a situation over which she has no control. The mother was reluctant to suggest to the doctor ways that would help her child do better. We encouraged her to call and discuss Kristen's difficulty and how her anxiety and fear get in the way to sympathize with him that this must make it very hard for him as well. She asked the doctor to describe exactly what he would do in the course of the examination and asked him if he would be willing to make some changes, like allowing Kristen to sit in her mother's lap instead of lying down when possible.

Because of the doctor's willingness to cooperate and modify his approach, along with some very careful preparation ahead of time, the child was able to manage, for the first time in six years, a regular doctor checkup. This represented an important step in her ability to master a difficult situation as well as contributing to her ego development.

The careful preparation mentioned includes whatever will help the child begin to deal with the stressful experience. Materials used can include dolls, blocks, cars, books, pictures, puppets, drawings, etc. Some of our children will have little to do with conventional play materials and will pay attention only to written messages. One child rejected everything

except clay and would respond only to clay figures which she could manipulate. What seems to work best for the young child is to give him actual equipment to use on dolls or a willing person, as well as a combination of the above.

As the child uses the materials, he is helped to deal cognitively with what will happen to him. He will feel that he has some control over the situation and he will be encouraged to express his feelings about what will or has happened. As he manipulates materials, the teacher has a chance to observe what he does and to clear up confusions and misunderstandings that children have. "Some children think that doctors are angry with them and want to hurt them. Some children worry that taking blood means that there won't be any left -- the body produces more blood, etc."

Here is Kristen, the child previously described, being prepared for a regular checkup which was to include an eye examination and to which she was expected to bring a urine sample. Kristen strongly resisted even any discussion of the doctor visit, calling the doctor "Robbie's doctor" (her younger brother) and saying "all done" whenever the subject of the doctor came up.

Here you see her responding to a book with pictures, using doctor materials on a doll and on her teacher and finally to a block building of the doctor's office, Mommy and Kristen in the car, Robbie stays home, eye exam, and so on. This preparation was repeated over a period of days with Kristen gradually taking a more active role in manipulating the dolls and going step by step through the procedures. Everyone was delighted when

she was able to manage the doctor visit. She took the doctor kit to the doctor's office and all but ran the show, even calling the doctor "Kristen's doctor."

The doctor himself was surprised and was able to acknowledge that the preparation, thinking through and modifying some procedures really paid off. Kristen was even able to deliver a urine sample. This was a child who was very phobic about bathrooms in general and about strange bathrooms in particular. She would often withhold urine for so long that it became a medical problem. Naturally everyone worried about the urine sample. We practiced this with the dolls over and over. Using the doll house potty, a doll and the cap from a small bottle to simulate a small basin, we practiced putting the doll on the potty, pretending that she urinated water tinted yellow into the bowl. Then we poured it into a little bottle with Kristen's name on it. This was so successful that Kristen was not only able to produce a urine sample on the day of the doctor visit, but she wanted to continue doing it at home for a long time after it was necessary.

Just as important as the preparation ahead of time is giving the child an opportunity to work out the experience afterwards. Kristen was able to use the doctor kit in the classroom. Of course a teacher was available to respond to and observe her using the materials. While Kristen's resistance and anxiety were extreme, her feelings of helplessness during doctor visits were not too different from that of any child. Helping any child to know ahead of time what will happen, how he will feel, what he can do, and giving him materials over which he has control will help.

There are other areas of stress which evoke obvious negative feelings

in children, where teachers can be helpful.

Feelings about haircuts can also be dealt with as the child uses scissors, clippers, comb to practice on a doll or his teacher. Haircuts often arouse worries about body integrity-- losing one's hair means losing a part of oneself.

A child can be helped to understand what is physically involved in moving to another home and how he feels about it.

Most people understand that for a young child a new baby coming into the family means separation, worry that he will be replaced and feelings of anger. A book that is specific to his family's situation can be made for him to enable him to understand exactly what will happen.

One could list many more examples.

There are times when a child is stressed which are not so easily recognized. Because mostly the positive aspects of events like birthday parties, holidays like Halloween and Christmas and field trips are talked about, the child is often left helpless to deal with the scared or angry feelings that usually accompany these events.

For most young children, going to birthday parties arouses anxieties about not only what will happen, who will be there, but feelings having to do with the birthday child getting much of the attention and all of the presents.

Here, the children, using pretend cakes and presents, are rehearsing the sequence of events prior to a school birthday. They practice blowing out candles and waiting for the birthday child to open his present first before each child opens his own smaller gift. Their feelings are identified and they are helped to verbalize them. "Don't like it when it's not my birthday,"

"makes me mad," etc. Tolerating the birthday party means not just that everything goes well but that children have learned to deal with the party formula as well as their feelings.

Field trips for which most teachers usually prepare children very carefully, taking into account such things as walking safely, holding hands, sitting when riding in a car - - help them know what will be expected of them. They are also able to help children anticipate through the use of pictures and discussion ahead of time as well as afterward what they can expect to see. The many feelings of anxiety that usually accompany schoo trips can be identified be observing the children's behavior. "Will my mommy know where I am if we leave the school?" "Will we come back?" "Can the animals get out of their cages and bite me?" "They look so angry in the pictures." Being sensitive to behavior cues like excitment and aggression, and anticipating that scared and worried feelings will erupt puts one into a position to help.

Vacations, school holidays and graduating from school are other times when the child's negative feelings caused by the stress are not always anticipated. Again, only the positive aspects are often touched.

All of these involve separation and loss.

In the case of graduating from school, the immediate loss is anticipated and felt. While the child is developmentally ready to make the step, it means saying goodbye to familiar teachers, playmates and routines. It means moving to a more grown-up school. As with the physical separation from his mother it means giving up something in order to grow -- it means losing

something important to him. As with the physical separation from his mother, there are sad and angry feelings and a wish to defend against them. As with the physical separation from mother the same model is employed.

Help the child to know as much as possible what will happen, what he can expect. That soon he will go to a bigger school because he is a bigger child and will be able to do more grown-up things -- that means that he will have to be thinking about saying goodbye to his present school. As his feelings about his leaving are aroused -- often expressed in behavior -- he can be helped to identify those feelings. "Maybe you are feeling angry with me because it will soon be time for new school," "Maybe you feel that I don't like you any more." "You can say how you feel" -- "I, too am feeling sad about it, and I will miss you." "But I am glad that you are growing up."

How well he can master the feelings around this new separation will depend upon how well he was helped to deal with the first. If he is able to allow himself to deal with the sad/angry feelings, but is able to manage, he is on his way.

Ruth Krueger
Head Education Specialist
Child Study Center
Cleveland Metropolitan General Hospital

I wish to express by appreciation to both Mrs. Edna Furman, Child Analyst at the Cleveland Center for Research in Child Development and to Mrs. Nina McLellan, Educational Director of the Child Study Center for their valuable guidance and interest.

Ruth Krueger